## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Liew et al.

Application No.: 10/665,725 Group No.: 3737 Filed: September 16, 2003 Examiner: Ramirez, J.

For: Novel Imaging Markers in Musculoskeletal Disease

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

#### RESPONSE TRANSMITTAL

1. Transmitted herewith is a response for this application.

#### **STATUS**

2. Applicant asserts small entity status.

## **EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$555.00

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|   | (Col. 1)  | (Co        | ol. 2)  | (Co     | ol. 3) | SMALL |    |          | ENTITY |      |        |
|---|-----------|------------|---------|---------|--------|-------|----|----------|--------|------|--------|
|   | CLAIMS    |            |         |         |        |       |    |          |        |      |        |
|   | REMAINING | HIGHE      | EST NO. |         |        |       |    |          |        |      |        |
|   | AFTER     | PREVIOUSLY |         | PRESENT |        |       |    |          |        | ADDI | IT.    |
|   | AMENDMENT | PAID FOR   |         | EXTRA   |        | RATE  |    |          | FEE    |      |        |
| TOTAL   | 171       | _          | 147     | =       | 24     | X     | \$ | 26.00    | =      | \$   | 624.00 |
| INDEP.  | 11        | _          | 30      | =       | 0      | X     | \$ | 110.00   | _      | \$   | 0.00   |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + \$ 0.00 |           |            |         |         |        |       |    |          | =      | \$   | 0.00   |
|   |           |            |         |         |        |       |    | TOTAL    |        |      |        |
|   |           |            |         |         |        |       | AD | DIT. FEE |        | \$   | 624.00 |

Total additional fee for claims required \$624.00

# **FEE PAYMENT**

5. Authorization is hereby made to charge the amount of \$1,179.00 to Deposit Account No. 19-4972.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

## FEE DEFICIENCY

**6.** If an additional extension and/or fee is required, charge Account No. 19-4972.

If an additional fee for claims is required, charge Account No. 19-4972.

Date: October 29, 2010 /Jonathan C. Lovely, #60,821/

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